



Town of Mashpee
BOARD OF HEALTH
16 GREAT NECK ROAD NORTH
MASHPEE, MA 02649
(508) 539-1426

SEPTIC INSPECTOR REGISTRATION FORM

Date: _____

Name of D.E.P. Certified Inspector: _____

License Number: _____

Business Address: _____

Business Telephone Number: _____

FAX Number: _____

Home Address: _____

Home Telephone Number: _____

Cell Phone Number (if desired): _____

Email Address: _____

Social Security Number or Federal ID: _____

The undersigned agrees to comply with Part IX, Section 17.00 of the Board of Health Regulations. The septic system inspector shall complete every applicable section of the "Title 5 Official Inspection Form – Not for Voluntary Assessments, Subsurface Sewage Disposal System Form", supplied by the Massachusetts Department of Environmental Protection.

The Septic System Inspector shall submit a copy of the completed septic system inspection report along with the required processing fee to the Board of Health office within 30 days of the inspection date.

Note: Providing false and misleading information is grounds for revocation of your license to inspect septic systems in the Town of Mashpee.

Signature of Applicant